

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	PROTEIN IDENTIFICATION METHODS AND SYSTEMS
Attorney Docket Number::	11757.1002USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	38
Small Entity::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CANADA
Status:: Full Capacity
Given Name:: CHRISTOPHER
Middle Name::
Family Name:: HOGUE
Name Suffix::
City of Residence:: TORONTO
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street of mailing address:: 73 RICHMOND STREET, SUITE 212
City of mailing address:: TORONTO
State or Province of mailing address:: ONTARIO
Country of mailing address:: CANADA
Postal or Zip Code of mailing address:: M5H 4E8

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CANADA
Status:: Full Capacity
Given Name:: JONATHAN
Middle Name::
Family Name:: ROSE
Name Suffix::
City of Residence:: TORONTO
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street of mailing address:: 181 ALBANY AVENUE

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City of mailing address:: TORONTO
State or Province of mailing address:: ONTARIO
Country of mailing address:: CANADA
Postal or Zip Code of mailing address:: M5R 3C7

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CANADA
Status:: Full Capacity
Given Name:: ANISH
Middle Name::
Family Name:: ALEX
Name Suffix::
City of Residence:: TORONTO
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street of mailing address:: 90 TRAILRIDGE CRESCENT
City of mailing address:: TORONTO
State or Province of mailing address:: ONTARIO
Country of mailing address:: CANADA
Postal or Zip Code of mailing address:: M1E 4C5

Correspondence Information

Correspondence Customer Number:: 52835

Representative Information

Representative Customer Number::	52835
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Initial 12/8/2005

Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application	National Phase of	PCT/CA2004/000853	6/4/2004
PCT/CA2004/000853	Claims the priority of	60/477,076	6/9/2003

Assignee Information

Assignee Name:: MOUNT SINAI HOSPITAL
Street of mailing address:: 600 UNIVERSITY AVENUE, ROOM 843
City of mailing address:: TORONTO
State or Province of mailing address:: ONTARIO
Country of mailing address:: CANADA
Postal or Zip Code of mailing address:: M5G 1X5